



SAN LUIS OBISPO COUNTY HEALTH AGENCY

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Jeff Hamm
Health Agency Director

TO: Leslie Brown, Administrative Office

FROM: Jeff Hamm, Health Agency Director *Jeff Hamm*
Anne Robin, LMFT, Behavioral Health Administrator *[Signature]*

DATE: May 27, 2015

SUBJECT: Department Response to the 2014-15 Grand Jury Report "We are Waiting: Access to County-Provided Mental Health Services"

On May 19, 2015 the Health Agency received a report from the 2014-15 County Grand Jury addressing issues associated with the provision of mental health services and access to them for an adult in San Luis Obispo County.

The Grand Jury requires the Health Agency/Behavioral Health to respond to Findings 1-11 and Recommendations 1-8. The following are the required responses.

FINDINGS

Finding 1: The County website lists two different toll-free phone numbers for the county mental health hotline with no clear differentiation of the services offered. Both are available 24 hours every day.

Response: The respondent disagrees partially with the finding. There are two different numbers by design, as they serve two different purposes. The 24 hour Access line is required by the State. The purpose of the line is to provide information on how to access mental health services. The Transitions Mental Health (TMHA) SLO Hotline number (800-783-0607) is a registered suicide prevention hotline staffed primarily by trained volunteers. Its primary function is to provide emotional support or help finding community resources. The SLO Hotline also refers individuals who are in need of immediate crisis response to the Mobile Crisis programs.

The department agrees that the website listing may be better clarified and will take steps to do so.

Finding 2: One hotline number is operated by Department employees during business hours who can schedule appointments for an assessment. After regular hours, this hotline automatically transfers to Transitions Mental Health Association.

Response: The respondent agrees with this finding.

Finding 3: The second hotline number is operated by Transitions Mental Health Association volunteers. While this staff is trained to handle mental health issues, such as suicide, the volunteers are unable to schedule appointments for an assessment due to medical records privacy concerns.

Response: The respondent agrees with this finding.

Finding 4: The Mobile Crisis Unit is a substantial safety net with great responsibility since it serves the entire county and establishes the initial face-to-face contact by a licensed mental health professional for those in crisis.

Response: The respondent agrees with this finding.

Finding 5: The 16-person capacity Psychiatric Health Facility is the only facility in the county for inpatient psychiatric treatment with an average census of 15 patients that stay for an average of 4.3 days. The county has no plan to increase capacity.

Response: The respondent agrees with this finding.

Finding 6: If the Psychiatric Health Facility is above capacity, the state is notified and the county must file a Plan of Correction. This must be approved by the state or the state can take corrective action, up to revocation of the operating license.

Response: The respondent agrees with this finding.

Finding 7: The Psychiatric Health Facility also houses juveniles who enter the facility through a separate entrance, walk through the common area that has been cleared of adult patients, and receive care separately from the adult population.

Response: The respondent agrees with this finding.

Finding 8: A Crisis Stabilization Unit can temporarily shelter an individual in crisis up to 23 hours which is often sufficient time to prevent a more severe crisis, potentially alleviating some burden on the Psychiatric Health Facility.

Response: The respondent agrees with this finding.

Finding 9: After initial contact, the time to receive an assessment can be up to 45 days, with the average being 26.9 days. This exceeds the county's target of 14 days by nearly 100%.

Response: The respondent agrees with this finding.

Finding 10: There is an approximate 30% failure to appear rate for scheduled appointments. There is no procedure to ensure clients follow through on their intended appointment, such as call reminders, personal contact or inquiry into availability of transportation.

Response: The respondent disagrees partially with this finding.

The failure to show rate is accurate. However reminder phone calls have been implemented. Inquiry into availability of transportation has not been implemented.

Finding 11: It is challenging for the county and local nonprofits to find sufficiently qualified individuals to staff various licensed positions for mental health services.

Response: The respondent disagrees in part with the finding. While it remains difficult to fill Staff Psychiatrist and Mental Health Nurse Practitioner positions, recent recruitments for other licensed clinical positions at both the technical and professional levels (Licensed Psychiatric Technicians, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers and Licensed Professional Clinical Counselors) have been quite successful and vacancies are filled at a steady pace.

RECOMMENDATIONS

Recommendation 1: List one toll-free number for hotline access to all mental health services on the county website.

Response: The recommendation will not be implemented because it is not warranted. There are two separate functions for the two separate toll-free numbers. The Behavioral Health Department Access Line (800-838-1381) is required by California Code of Regulations (CCR) Title 9, Section 1810.405(d) as follows:

“Each Mental Health Plan (MHP) shall provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access specialty mental health services.....”

Department Managed Care (access) staff answers this line during work hours. Transitions Mental Health Association (TMHA) manages the SLO Hotline. SLO Hotline staff responds after hours and on weekends/holidays. SLO Hotline staff acts as the required live response access line (callers to the 800-838-1381 have the choice to either leave a voice message or request to speak to a live operator). If the caller agrees to leave contact information, SLO Hotline staff send the information to the County Managed Care staff for call back the next business day.

The SLO Hotline number (800-783-0607) is a registered suicide prevention hotline staffed primarily by trained volunteers. Its primary function is to provide emotional support or help finding community resources. The SLO Hotline also refers individuals who are in need of immediate crisis response to the Mobile Crisis programs.

Recommendation 2: Establish a system to allow both the county and Transitions Mental Health Association staff and volunteers to schedule appointments while maintaining HIPAA confidentiality requirements.

Response: This recommendation will not be implemented as it is not warranted. The statutory rights to privacy which prohibit the Transitions Mental Health Association (TMHA) SLO Hotline volunteers from accessing the Department's Electronic Health Record (EHR) system to schedule appointments may be reviewed as additional scheduling elements in the current EHR system are implemented. Currently the scheduling function of the EHR allows access to all parts of an individual's medical record. This could lead to breaches of confidentiality, either intentional or unintentional. In the future, patient portals or other advances in the EHR may allow for a change in this procedure. Also, TMHA SLO Hotline staff may give information to callers about available times for walk-in assessments.

Recommendation 3: If a solution is not developed to allow Transitions Mental Health Association's volunteers to make the appointment, the county should contact the caller within the next business day to schedule.

Response: This recommendation has been implemented. The TMHA SLO Hotline volunteers send a message to Managed Care staff for a call back to the individual on the next business day.

Recommendation 4: Reconfigure the juvenile entrance to the PHF so that adult patients do not need to be cleared when a juvenile is admitted. Alternatively, separate the juvenile population to a separate site away from the adult population of the PHF.

Response: This recommendation will not be implemented because it is not warranted. Currently, the process to clear the floor of adult patients while a juvenile is brought through the unit for admission is functional. However, as other projects to remodel areas of the PHF are processed this option will be evaluated.

Recommendation 5: A Crisis Stabilization Unit should be established to handle those in crisis for up to 23 hours, which could alleviate some of the capacity pressure at the PHF and save the county money if diversion from the PHF is achieved.

Response: This recommendation will not be implemented because it is not reasonable. The estimated operating cost to run a four bed Crisis Stabilization Unit (CSU) is approximately \$1.3 million annually with a projected offset from Medi-cal of \$480,000. This figure does not include the capital cost of building new or renovating existing space. An incremental reduction in PHF census would not result in a significant savings due to the fixed costs and staffing ratios required by the PHF licensure. However, opening a CSU continues to be analyzed as a clinically effective and efficient program for community and client benefit.

Recommendation 6: To decrease wait time for patients and potentially handle greater caseloads, the county should increase psychiatric support staff, such as psychiatric nurse practitioners, physician assistants and therapists.

Response: This recommendation has not yet been implemented but will be implemented in the future. The Department included several Budget Augmentation Requests (BARs) in its FY 2015-16 requested budget that will add clinical staff in all regions to facilitate intakes and increase treatment capacity, and reduce wait time for new and existing clients to within the 14 day standard. The County Administrator's recently released Recommended Budget includes funding for several of those BARs. Assuming approval by the Board of Supervisors in early

June, we plan to have these positions filled by early fall. Several of our permanent Staff Psychiatrist and MH Nurse Practitioner positions remain unfilled due to recruitment challenges. However, the department has recently hired three psychiatrists (filling 2.50 FTE of the 6.0 FTE positions allocated). The balance of all required psychiatry services are being performed at this time with contracted Locum Tenens (temporary) psychiatrists.

Recommendation 7: If psychiatric positions continue to be difficult to staff, the county should implement options to improve recruitment such as student loan repayment programs and use of telepsychiatry.

Response: This recommendation includes two separate components: 1) utilization of student loan repayment programs, and 2) use of telepsychiatry.

The recommended option of student loan repayment programs has already been implemented. Loan repayment programs are currently available through both State (MHSA/Mental Health Loan Assumption Program) and Federal (Health Resources and Services Administration/National Health Service Corps) resources.

The use of telepsychiatry will not be implemented because it is not warranted at this time. Telepsychiatry has been analyzed and budgets for equipment, licenses, etc. have been developed. We are delaying issuance of a Request for Proposals (RFP) at this time as we have recently hired three psychiatrists and are in discussions with two more. If additional staff psychiatry positions are not filled through the current process we will proceed with other options, including the use of telepsychiatry.

Recommendation 8: The county, whether by clinic staff, interns, temporary or part-time employees, should institute contact with those clients awaiting appointments to decrease the number of no-shows who prevent the scheduling of another client. This could also determine if the severity of the individual's condition has improved/stabilized/worsened and if the client has transportation.

Response: This recommendation has been partially implemented, and the remainder of the recommendation requires further analysis. Individuals are contacted via telephone the day prior to their assessment appointment with a reminder. Reminder calls started 10/20/14. Recent analysis indicates the reduction of "failure to show" after reminder calls were initiated is approximately 3%. A similar study conducted in 2009 showed a similar reduction rate of 2% failure to show after phone reminders were initiated.

However, further analysis is required to determine the cost/benefit consequences of adding the staff resources necessary to gather the additional information suggested, as in the severity of the individual's condition and if there are other barriers complicating the individual's ability to keep the scheduled appointment. Solutions to any barriers, such as assistance with transportation or mobile intake appointments, will require further cost analysis as well. This analysis will be completed by December, 2015.